



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*Office of Health Services
Medical Care Programs

MARYLAND MEDICAL ASSISTANCE PROGRAM
Free-Standing Clinic Transmittal No. 7
June 8, 2016

TO: Federally Qualified Health Centers (FQHCs)

FROM: Susan J. Tucker, Executive Director
Susan J. Tucker
 Office of Health Services

RE: Screening, Brief Intervention and Referral to Treatment (SBIRT)

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

Effective July 1, 2016, FQHCs may begin billing for SBIRT services in conjunction with an encounter visit. SBIRT codes are defined by two screening codes (self-administered or provider-administered) and 3 intervention codes (greater than 3 minutes up to 10 minutes, greater than 10 minutes up to 20 minutes, and greater than 20 minutes). When billing for SBIRT services, the FQHC should bill for one unit of screening services (either self-administered or physician-administered) and if the intervention occurs the same day, bill for one unit of intervention services (as defined above) per encounter. Additional interventions do not need to be billed in conjunction with an encounter visit.

These procedures should be billed when rendered by Physicians, Nurse Practitioners and Physician Assistants employed by the FQHC. A physician or a nurse practitioner may delegate the provision of SBIRT services to any other provider if those services are within the provider's scope of practice. For example, a physician may delegate provision of SBIRT to a licensed clinical social worker and then submit a claim to the Medical Assistance Program for the SBIRT services provided by the licensed clinical social worker. Behavioral health providers may not provide SBIRT services outside of a primary health care setting. The billing provider does not need to be physically present in the room when their delegate performs SBIRT services. Physician Assistants must have a Board of Physicians-approved delegation agreement with a physician that authorizes the rendering and supervision of other SBIRT providers before they may provide those services.

The SBIRT codes and rates are as follows:

Code	Description	Rate
W7000	Alcohol and/or substance (other than tobacco) use disorder screening, self-administered	\$5.14
W7010	Alcohol and/or substance (other than tobacco) use disorder screening; provider-administered structured screening (eg. AUDIT, DAST)	\$17.13
W7020	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 3 minutes up to 10 minutes	\$5.71
W7021	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 10 minutes up to 20 minutes	\$11.42
W7022	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 20 minutes	\$22.36

The limitations on billing SBIRT are:

- 1) **The Department will pay a billing provider for a maximum of one screening and 4 interventions annually per recipient ages 12 and up.**
- 2) The initial screening and intervention (if the intervention takes place on the same day as the screening), should be billed with an encounter visit;
- 3) When additional interventions are completed with a patient, the FQHC should not bill for an encounter visit but bill only for the intervention;
- 4) The FQHC may not bill for more than one screening code on the claim. If both screening methods are administered, you may bill for only one of the screenings;
- 5) The FQHC may not bill for more than one intervention code on the same claim; and
- 6) The FQHC may not bill for a SBIRT screening or intervention with a behavioral health exam on the same claim.

In order to effectively provide SBIRT services to recipients, the Department encourages providers to participate in a brief training. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers a free online training that can be completed in approximately 30 minutes. Completing the training qualifies the participant for Continuing Education Units (CEUs). Online Training through SAMHSA may be found at <http://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources>. Additional training resources can be found at www.marylandsbirt.org. Providers must use an evidence-based screening tool acceptable to SAMHSA (AUDIT, ASSIST, etc), as evidenced by its inclusion on SAMHSA's website at: <http://www.integration.samhsa.gov/clinical-practice/sbirt/screening>.

If you have questions regarding this memorandum, please contact, Earl Tucker at earl.tucker@maryland.gov or (410) 767-4078.